

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/564651

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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37						
38						
39						
40						
41						
42						
43						
44						
45						
46	1					
47		1				
48						
49		1				
50		1				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		15				
63	1					
64		1				
65		1				
66		1				
67		1				
68		1				
69	1					
70		1				
71		1				
72		1				
73		1				
74		1				
75	1					
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77	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5 ↓		↓		↓	
TOTAL DEP.	12 ←		←		←	
TOTAL CLAIMS						